



HEALTH EQUITY IMPACT ASSESSMENTS: CHEP'S GLIDE CONTRACT

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Presented by: San Francisco Department of
Public Health



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Glide HCV Testing and Linkage program: Equity Impact

Relevant conditions and **existing inequity**

- Black/African-American San Franciscans made up approximately a quarter of HCV cases reported in 2018 and 2019 despite being only about 5% of the overall population

Target **population**, geographic area

- Low-income, people experiencing homelessness, people who use drugs, at high risk for HCV in the Tenderloin, with a focus on Black/African Americans
- Approximately 10% of the population in the Tenderloin is Black/African-American, which is about double the City's general population's representation of Black/African-Americans

Glide HCV Testing and Linkage program: Equity Impact

Budget & budget breakdown

- \$297,000/year
- HCV Screening Tests: $\$96,260/781 = \$123.25/\text{UOS}$
- HCV Recruitment and/or Linkage Efforts Hours: $\$208,572/1,695 = \123.05
- HCV Education and Support Groups Hours: $\$1,925/16 = \120.3

Risks of unequal burden or benefit

- Tenderloin residents are disproportionately burdened with HCV low-barrier HCV diagnosis, and connection to curative treatment.

Mitigating or supporting strategies

- Glide focuses on equity strategies to ensure their program success (more info coming)



Glide HCV Testing and Linkage program: Equity Impact

Evaluation of equity impact and community report-back

- Glide partners with End Hep C SF and SFDPH for priority setting, data monitoring, and support

Partnerships with community oversight & feedback

- Glide's community navigator program participants are a cohort of individuals who have largely utilized Glide's syringe service program or HCV testing and linkage services
- These individuals have been cured of HCV themselves and are training to do outreach to their community members

Glide OPT-IN Program: Equity Impact

Relevant conditions and **existing inequity** (race+)

- In 2020, rates of new HIV diagnosis declined among men of all races/ethnicities. Black/African-American and Latino men continue to have the highest rates.
- B/AA, Latinx, PWID, trans women who have sex with men, and PEH had the lowest viral suppression rates in 2020. Viral suppression rates among all PLWH who were homeless was 20% compared to 71% non PEH

Target **population**, geographic area

- OPT-IN HIV/HCV Linkage to Care program is designed to reach the most marginalized populations through recruitment and linkage, providing intensive case management and linkage to treatment or referrals for PrEP services.
- Tenderloin, SOMA and Missions with a focus on Black/African Americans and Latinx

Glide OPT-IN Program: Equity Impact

Budget & budget breakdown

- \$200,000/year
- OPT-IN HIV/HCV Intensive Case Management Hours: $\$79,152/160=\494.70
- OPT-IN HIV/HCV Enhanced Recruitment and Linkage Efforts Hours: $\$56,109/300=\187.03
- OPT-IN Supply Provision: $\$64,739/1200=\53.95

Risks of unequal burden or benefits

- This program is designed to meet the unique needs of Black/African-Americans and Latinos, trans and cis gender women, people who inject drugs and people experiencing homelessness
- The greatest impacts are felt among these resident in the Tenderloin, SOMA and Mission where services are located.

Mitigating or supporting strategies

- Glide focuses on equity strategies to ensure their program success (more info coming)

Glide OPT-IN Program: Equity Impact

Evaluation of equity impact and community report-back

- Glide partners with the other funded OPT-IN programs: SFAF, Street Medicine and SFDPH for priority setting, data monitoring, and support

Partnerships with community oversight & feedback

- More info coming

